

## CAMPAIGN FINANCE DIVISION

☒ WAIVER REQUEST  
☐ RECONSIDERATION REQUEST

DATE: 1/18/2022  
DOCKET#: 2021-903

### FILER INFORMATION

Name: Toby Gambarella  
Office: Constable, 2nd Justice of the Peace Court  
Parish: LAFOURCHE  
Election Date: 11/13/2021  
Level of Office: Any

246 Bayou Blue Bypass Rd.  
Gray, LA 70359-5220

### REPORT INFORMATION

Name of Report: 30-P  
Original Due Date: 10/14/2021  
Date Filed: 10/20/2021  
Activity Receipts: \$1,100.00  
Expenditures: \$801.23  
Funds at Close of Reporting Period: \$289.77

### LATE FEE INFORMATION

Amount of Late Fee: \$240  
Days Late: 6  
Late Fee Order Received: 12/28/2021  
Payment/Waiver Request Due Date: 1/17/2022  
Waiver Request Received: 12/27/2021  
Additional Information Requested:  
- Medical  
XX - Financial  
XX - Other

COMMENTS: First, he would like to apologize for not turning this in in a timely manner as required. This year has been difficult for him and his family mainly due to Hurricane Ida damaging his residence to the degree that him and his family had to vacate and live with other family. At the time of my Finance Report being due, his father was diagnosed with cancer. It is because of these terrible causes that he forgot to turn in the reports. He has since remedied this and uploaded the Campaign Finance Reports with this letter. He ask for consideration with this fine. With all the devastation in his area, a fines of this nature would cause an extreme financial hardship for him and his family.

### OTHER LATE FEE INFORMATION

#### Campaign Finance:

Other Outstanding Reports: No  
Other Outstanding Late Fees: No  
Prior Late Fees: No  
Reassessed Late Fees: No

#### Disclosure Statements:

Other Outstanding Late Fees: No  
Prior Late Fees: No

December 27th, 2021  
To: Louisiana Board of Ethics

Dear Sirs:

I am writing this to address the late fee due to my not turning in my final Campaign Finance Disclosure Report.

First, I would like to apologize for not turning this in in a timely manner as required. This year has been difficult for me and my family mainly due to Hurricane Ida damaging my residence to the degree that I had to vacate and live with other family. At the time of my Finance Report being due, my father was diagnosed with cancer. It is because of these terrible causes that I forgot to turn this report in. I have since remedied this and uploaded the Campaign Finance Report with this letter.

I ask for consideration with this fine. With all the devastation in my area, a fine of this nature would cause an extreme financial hardship on me and my family.

Thank you for your consideration. Should you have any questions, my contact information is listed below.

Sincerely,



Toby Vincent Gambarella  
246 Bayou Blue Bypass Road,  
Gray, LA 70359  
Cell/Text: 985-637-1605  
Email: tobygam@gmail.com



STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**  
P. O. BOX 4368  
BATON ROUGE, LA 70821  
(225) 219-5600  
FAX: (225) 381-7271  
1-800-842-6630  
[www.ethics.la.gov](http://www.ethics.la.gov)

January 18, 2022

Mr. Toby Gambarella  
246 Bayou Blue Bypass Rd.  
Gray, LA 70359

**RE: Ethics Board Docket No.: 2021-903**

Dear Mr. Gambarella:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 13, 2021 election. In the request you stated paying fines of this nature would cause an extreme financial hardship on you and your family. Also, due to Hurricane Ida damaging your residence to the degree that you and your family had to vacate and your father was diagnosed with cancer. If you would like the Board to consider these situations, you must provide documentation verifying your claim. Please complete the enclosed form and return it along with your most recent tax return or benefits statement. The information you provide will only be reviewed by the Ethics Board.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **February 22, 2022**.

Sincerely,

**LOUISIANA BOARD OF ETHICS**

**Melissa Horn**

Docket ID: 2021-903

Financial Statement for \_\_\_\_\_ (Filer Name)

Married: Y ☒ N ☐

Spouse's name (if applicable): \_\_\_\_\_

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commerical, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for \_\_\_\_\_ (Filer Name)

## Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
<b>Total Monthly Income</b>		

## Monthly Household Expenses

Expense Type		Monthly Amount
Housing (mortgage or rent)		
Vehicle (loan or lease)		
Public Transportation Costs		
Health Insurance		
Court-ordered expenses		
Student loans		
Other Loans - provide description		
Utilities		
Food, personal products, etc.		
Childcare		
Other Expenses (Provide Description)		
<b>Total Monthly Expenses</b>		